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Bib Data Sheet

CONFIRMATION NO. 5649

SERIAL NUMBER 09/778,306	FILING OR 371(c) DATE 02/06/2001 RULE	CLASS 375	GROUP ART UNIT 2638	ATTORNEY DOCKET NO. 1217-P006
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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 03/29/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 7	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

35830

TITLE

METHOD AND APPARATUS FOR SEMI-BLIND COMMUNICATION CHANNEL ESTIMATION

FILING FEE RECEIVED 649	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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